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CONFIRMATION NO. 6593

<b>SERIAL NUMBER</b> 10/808,758	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 5410-006 (312552-24)
<b>APPLICANTS</b> Von Seggern, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,000 03/28/2003 and claims benefit of 60/467,500 05/01/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US03/02295 01/24/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 48
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 29585				
<b>TITLE</b> Adenovirus particles with enhanced infectivity of dendritic cells and particles with decreased infectivity of hepatocytes				
<b>FILING FEE RECEIVED</b> 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	